

Congress of the United States

Washington, DC 20515

April 5, 2023

To all Interested Parties,

I write today seeking your insights and perspective to inform Congressional efforts to reform and improve upon the Centers for Disease Control and Prevention (CDC). As our nation's preeminent public health agency, my constituents expected more of CDC during the COVID-19 pandemic and were thoroughly disappointed.

In place of clear, reasonable guidance backed by the best scientific evidence available at the time, my constituents were faced with confusing inconsistencies at best, and clear political bias at worst. Politics aside, there is a near collective recognition that the CDC failed to execute its primary mission of “protect[ing] America from health, safety and security threats” by “conduct[ing] critical science and provid[ing] health information that protects our nation against expensive and dangerous health threats, and respond[ing] when these arise.”¹ This included numerous core operational failures, as well as total lapses in reliable communication. The CDC's sprawling bureaucracy of siloed and uncoordinated administrative, academic, and disease, condition, or issue-specific programs was also put on full display. As a result, public trust and faith in our public health agencies and leaders has been decimated. To its credit, the CDC has also recognized the internal and external breakdowns and has started to begin down a path of reform through its own “Moving Forward” initiative.² Unfortunately, I am concerned this will be insufficient to remedy the concerns of my constituents and the healthcare community.

I am seeking specific guidance, feedback, and information from stakeholders in the public and private sectors on how best to reform, improve, and authorize the CDC and its programs to rebuild trust and ensure the agency is nimble in addressing public health threats. My goal is to ensure a productive discussion and examination regarding the inadequacies and failures of the CDC's response to the COVID-19 pandemic and to better prevent, prepare for, and respond to future public health threats. My hope is that will serve as an opportunity for robust, honest, and comprehensive reflection, discussion, and action.

I thank you in advance for your time and consideration in sharing your specific thoughts, expertise, and perspective on these issues. Responses are due April 23, 2023. Please submit responses to at CDC.Reform@mail.house.gov.

Most gratefully,



Mariannette Jane Miller-Meeks, M.D.
Member of Congress

¹ CDC Mission, Role and Pledge, <https://www.cdc.gov/about/organization/mission.htm>.

² CDC Moving Forward, <https://www.cdc.gov/about/organization/cdc-moving-forward.html>.

1. **Mission Creep**: The Centers for Disease Control and Prevention (CDC) began as the National Communicable Disease Center in 1946. It was renamed and reorganized as the Center for Disease Control in 1970 and has been reorganized and renamed since then.³ As the original names implies, CDC was created with the original mission to focus on surveillance, detection, and prevention of communicable diseases. The CDC currently defines its mission as follows: “CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.” In practice, CDC’s mission has expanded beyond addressing communicable diseases – to preventing most of the leading causes of death, injury, and disability, along with promoting public health more generally.
 - a. Do you believe the CDC is accomplishing and executing its original mission of surveillance, detection, and prevention of communicable diseases? Please provide specific examples.
 - b. Do you believe the CDC is accomplishing and executing its current mission of protecting our nation from all health threats? Please provide specific examples.
 - c. Please also offer any specific insight or thoughts around the concept of “mission creep” and whether CDC’s core functionalities and operations are impacted negatively by such mission creep.

2. **Leadership Structure and “Moving Forward” Reorganization**: The FY 2023 Consolidated Appropriations Act⁴ included several policies intended to reform the CDC leadership structure. This included requiring the CDC Director to be confirmed by the Senate beginning in January 2025 and requiring an agency-wide strategic plan to be developed every four years that explicitly describes CDC’s priorities and objectives and how CDC plans to execute these priorities. It also requires the CDC Director to establish or maintain an advisory committee to advise the Director on policy and strategies to enable CDC to best fulfill its mission. The advisory committee is to be made up of 15 non-federal members in relevant fields of expertise.

In addition, in April 2022, CDC Director Dr. Rochelle Walensky launched an agency-wide internal review and reorganization based on perceived shortcomings of CDC’s COVID-19 pandemic response. In August 2022, CDC publicly announced the effort, as well as the lessons learned and planned next steps, which include reorganization and potential requests for new authorities from Congress. As a part of this “Moving Forward” initiative, the CDC acknowledges the agency faces significant “structural and systemic operational challenges,”⁵ and indicates a central goal is to “create new internal processes, systems, and governance to empower leaders, align incentives, and hold us

³ Centers for Disease Control and Prevention (CDC), “Our History-Our Story,” <https://www.cdc.gov/about/history/index.html>, and Department of Health, Education, and Welfare, “Public Health Service: Statement of Organizations, Functions, and Delegations of Authority,” 35 *Federal Register* 10797-10798, July 2, 1970.

⁴ PL 117-328.

⁵ CDC Moving Forward Summary Report, <https://www.cdc.gov/about/organization/cdc-moving-forward-summary-report.html>.

accountable.”⁶ One of the initial recommendations is to “implement new governance structures, to ensure accountability, closely tied to funding decisions.”⁷

- a. Please provide information and recommendations on any additional reforms to CDC leadership or its governance structure that would ensure CDC carries out its mission and mandate with appropriate Congressional oversight.

It is our understanding that the “Moving Forward” initiative consisted of two parallel reviews. The first, titled the Scientific and Programmatic Review, focused on identifying methods “to improve and institutionalize how CDC develops and deploys its science, both in pandemic and non-emergency times.”⁸ The second, titled the Structural Review, sought to “gather feedback on the agency’s current processes, systems, and structure and solicit suggestions for strategic change, with a strong focus on the agency’s core capabilities.”⁹

If you participated or attempted to participate in the “Moving Forward” review and reorganization, we would like to hear from you.

- b. Please describe how you participated in the “Moving Forward” review and reorganization.
 - c. Did CDC request your participation, or did you request to participate?
 - d. What were your recommendations for CDC?
 - e. Based on the final rollout or subsequent communication, did the CDC agree or reject your recommendations?
 - f. Please share any written material provided to the CDC as result of participating in the “Moving Forward” review and reorganization.
3. **Good Guidance Practices:** CDC develops and disseminates public health and clinical information, guidance, guidelines, and best practices based on its noted expertise in health science and practice. During the COVID-19 pandemic, CDC guidance for pandemic mitigation measures, such as masking and physical distancing, received high visibility, and the CDC faced criticism on its ability to provide clear, accurate, timely, reasonable, and easy-to-understand guidance. This included concerns around transparency of the review and publication process, including the scientific basis on which guidance is issued; timelines for informal and formal publishing; adherence to revising guidance based on updated data; contextual clarity on the rationale for issuing specific guidance; and general dissemination practices for widespread public utilization. The agency also was the subject of allegations of political interference and restricted expert engagement when developing this critical public health guidance. CDC recommendations are not technically legally binding, though we witnessed how guidance

⁶ CDC Moving Forward, <https://www.cdc.gov/about/organization/cdc-moving-forward.html>.

⁷ *Id.*

⁸ CDC, CDC Moving Forward Summary Report (2022), <https://www.cdc.gov/about/organization/cdc-moving-forward-summary-report.html>.

⁹ CDC, CDC Moving Forward Summary Report (2022), <https://www.cdc.gov/about/organization/cdc-moving-forward-summary-report.html>.

often translated to recommendations or, in some cases, mandates, at the federal, state, and local level.

In contrast, other federal agencies require good guidance practices and frameworks for the development and issuance of agency policy and interpretations, with the understanding these will be relied upon by private and governmental actors. This includes more inclusive external stakeholder engagement, formal notice and comment periods, and required timelines for publication.

The Trump Administration had recognized this lack of uniform good guidance practices, and had taken steps to require an open, consistent process across agencies.¹⁰ However, the Biden Administration reversed and revoked these initiatives.¹¹

Please offer recommendations to improve the process for consideration, development, publishing, and updating guidance to ensure a more transparent, comprehensive, inclusive, and scientifically sound framework. Please include suggestions to ensure guidance is more easily accessible and comprehensible for intended audiences, including constituents, how best to communicate the science and evidence on which the guidance is based, as well as the legally binding nature, if any, of guidance. If applicable, please identify any specific examples of how CDC guidance was used as justification for actions at the state and local level.

4. **Morbidity and Mortality Weekly Reports Development:** CDC scientists issue data collection requests and conduct research that often does not seem to align with stated strategic priorities of the agency. In addition, CDC's Morbidity and Mortality Weekly Reports (MMWRs), which report on the agency's data collections and research, are not subject to any external peer review, though are highly cited, relied upon, and utilized by federal, state, and local stakeholders as if they have gone through an extensive peer review and evaluation process.
 - a. Please provide recommendations, proposals, and suggested changes regarding the development and release of MMWR.
 - b. Would a process by which external expert stakeholders are provided the opportunity to provide additional data and arguments regarding the conclusions of the MMWR be helpful?
 - c. Should data underlying MMWRs be made publicly available?
 - d. Are MMWRs an appropriate tool for communicating timely, scientific updates during a public health emergency?

¹⁰ Promoting the Rule of Law Through Improved Agency Guidance Documents, October 15, 2019, <https://www.federalregister.gov/documents/2019/10/15/2019-22623/promoting-the-rule-of-law-through-improved-agency-guidance-documents>; Department of Health and Human Services, "Department of Health and Human Services Good Guidance Practices," Federal Register Volume 85, Issue 235 (December 7, 2020), 45 CFR Part 1.

¹¹ Revocation of Certain Executive Orders Concerning Federal Regulation, January 25, 2021, <https://www.federalregister.gov/documents/2021/01/25/2021-01767/revocation-of-certain-executive-orders-concerning-federal-regulation>.

5. **Workforce Reform:** We are currently facing a widespread and well-recognized health care workforce shortage. Over the years, CDC’s workforce has transitioned from response-oriented roles to increasing numbers of administrative and non-operational roles. This includes members of the U.S. Public Health Service (USPHS) Commissioned Corps, a branch of uniformed services with the mission to “protect, promote, and advance the health and safety of our nation.”¹² The USPHS Commissioned Corps operates by combining military discipline and public health expertise to serve as an elite workforce of more than 6,000 well-trained, highly qualified public health first-responders, ready to be called upon during crisis. Currently, the USPHS Commissioned Corps officers are currently serving as staff across a variety of institutions, including federal regulatory and research agencies (i.e., as of October 2022, there were over 700 officers at CDC), nonprofits, non-governmental organizations, and private research entities.
- a. Please describe how CDC’s current workforce could be better utilized in the field to rapidly respond to public health emergencies and combat the current health care shortages.
 - b. How could the USPHS Commissioned Corps specifically be better utilized to serve its mission of readiness and response, while simultaneously helping to support and overcome the current workforce shortages we are facing nationwide?
 - c. As part of the “Moving Forward” changes, Dr. Walensky announced a desire to develop a more response-ready staff, trained and ready to respond in the event of a public health emergency. What elements do you think are key to ensuring success of such an initiative?
6. **State Block Grant Programs:** CDC administers many public health program grants. Some provide public health funding to all states, territories, and selected local jurisdictions, while others provide funding on a competitive basis to a subset of State, Local, Territorial, and Tribal (SLTT) agencies, nonprofits, or other private organizations. In FY2019, CDC awarded 5,010 grants totaling over \$5.9 billion in obligations (including research and program grants).¹³ Grant recipients included SLTT governments, nonprofit organizations, foreign governments and organizations, for-profit organizations, and tribal entities. The majority of the grants were awarded to government entities (66%), and state government agencies accounted for 92% of such grants.¹⁴

Currently, states and local entities must apply for CDC grant funding for many disease-specific programs. This occurs via a variety of different applications, submissions, and portals for each specific program and grant. These applications take a huge amount of time and resources, and often, state and locals must hire a specific grant coordinator to manage this process.

¹² U.S. Public Health Service Commissioned Corps, <https://www.hhs.gov/surgeongeneral/corps/index.html#:~:text=The%20mission%20of%20the%20U.S.,excellence%20in%20public%20health%20practices>.

¹³ Congressional Research Service, In Focus, The Centers for Disease Control and Prevention (CDC), October 28, 2022, <https://crsreports.congress.gov/product/pdf/IF/IF12241>.

¹⁴ *Id.*

Please explain the benefits or risks of transitioning to a block grant program for states to best access and utilize CDC funding. This could be specific to certain buckets of programs, such as chronic diseases, childhood developmental programs, specific cancer programs, etc., or offered as an option to states if they choose.

7. **Data and Surveillance**: CDC currently operates over 100 public health surveillance systems that collect ongoing data.¹⁵ Typically, these systems do not include personally identifiable information. Much of the data are collected at the State, Local, Territorial, and Tribal (SLTT) level, and many CDC grants support this surveillance. According to the CDC, such public health surveillance relies on information collected by more than 3,000 federal, state, and local agency partners.¹⁶ The increasing number of public health surveillance and data collection programs by a growing number of partners leads to overarching issues of reporting burdens, duplication of effort, discrepancies among the data elements, and the need to use multiple information technology (IT) systems. While the CDC generally does not compel states to share data, it can incentivize states to report data and marshal cooperation across other federal agencies.

Please describe how CDC can improve their use of current data standards and authorities to collect reliable data to inform federal, state, and local public health decisions, decrease unnecessary redundancies and reporting burdens on partners, and reduce the number of stand-alone systems.

8. **CDC Authorization**: The CDC was not established, nor is currently operating, under any formal Congressional authorization or statute to define its overall mission and structure. Rather, some of the agency's programs are authorized by general and program-specific laws, mostly in the Public Health Service Act. In addition, numerous CDC programs and centers, institutes, and offices are not authorized, but are continuously funded through appropriations.

Please outline any suggestions or recommendations to formally authorize the CDC and its mission, responsibilities, structure, and activities, including any specific programs that should be authorized, or continue to be authorized, or any that are duplicative of currently existing efforts.

9. **CDC Foundation Mission and Purpose**: The CDC Foundation was created by Congress to help facilitate philanthropic and private partnerships to support and achieve CDC's mission. Since 1995, the Foundation has raised \$1.9 billion to support 1,300 programs in the United States and globally.¹⁷ The CDC also provided the CDC Foundation with almost \$100 million in grants in FY2022 alone.¹⁸ However, with projects focusing on

¹⁵ CDC Public Health Surveillance: Preparing for the Future, September 2018, <https://www.cdc.gov/surveillance/pdfs/Surveillance-Series-Bookleth.pdf>.

¹⁶ CDC Public Health Surveillance: Preparing for the Future, September 2018, <https://www.cdc.gov/surveillance/pdfs/Surveillance-Series-Bookleth.pdf>.

¹⁷ CDC Foundation, <https://www.cdcfoundation.org/FY2022/index.html>.

¹⁸ CDC Foundation, Fiscal Year 2022 Report to Congress, <https://www.cdcfoundation.org/Report-Congress-FY2022?inline>.

climate,¹⁹ health equity,²⁰ and cross-sex hormone therapy,²¹ as well as the Foundation's history of raising funding through partisan platform, such as ActBlue,²² it appears the CDC Foundation may be contributing to the concerning mission creep occurring at CDC.

Please provide comment and guidance on if and how the CDC Foundation's mission has changed over time and what, if any, role the CDC Foundation should continue to play in furthering CDC's critical mission.

¹⁹ CDC Foundation, *CDC Foundation Supports Organizations Engaging Young People on Issues of Climate and Health*, March 7, 2023, <https://www.cdcfoundation.org/climate-CBO-launch>, CDC Foundation, *CDC Foundation Announces Climate and Health Initiative Focused on Young People, Including \$550,000 in Initial Grants*, October 18, 2022, <https://www.cdcfoundation.org/pr/2022/climate-and-health-initiative>.

²⁰ CDC Foundation, *Building Systems Change for Equitable Public Health Systems*, April 4, 2022, <https://www.cdcfoundation.org/blog/building-systems-change-equitable-public-health-systems>.

²¹ CDC Foundation, *Understanding the effects of cross-sex hormone therapy*, <https://www.cdcfoundation.org/programs/understanding-effects-cross-sex-hormone-therapy>.

²² CDC Foundation, *Fiscal Year 2022 Report to Congress*, <https://www.cdcfoundation.org/Report-Congress-FY2022?inline>.